

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

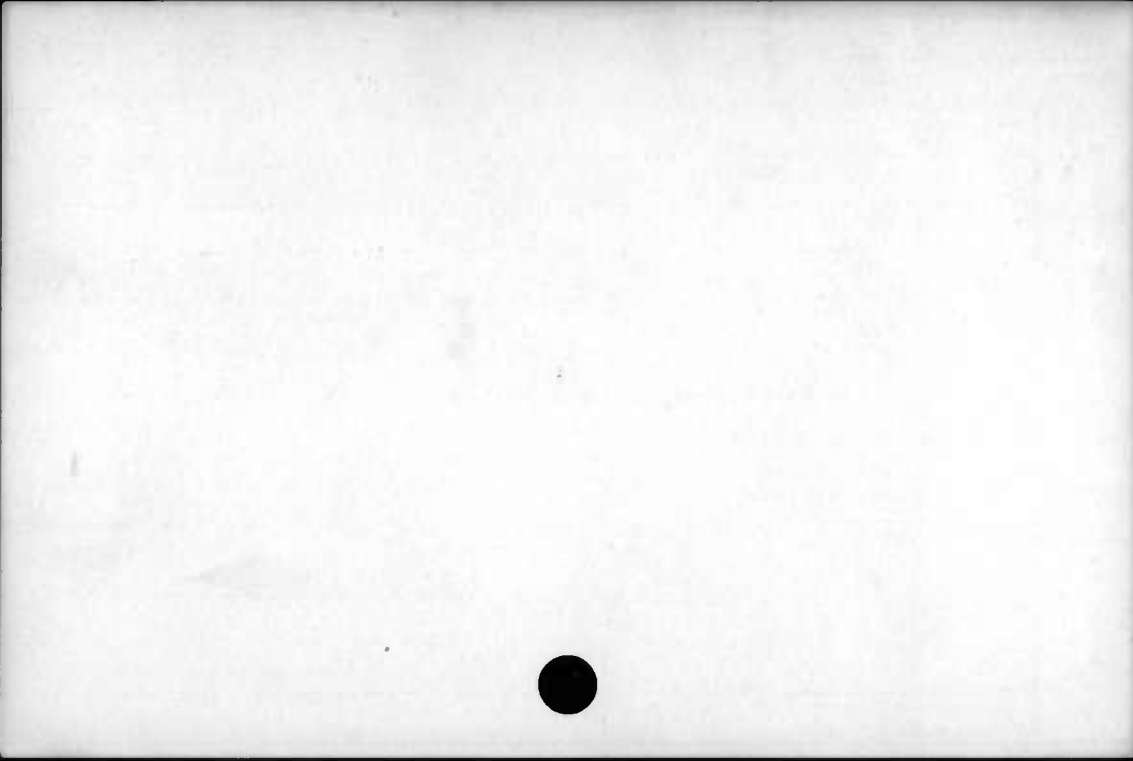
MARYLAND

| | | | | | |
|---|-----------------------------------|---------------------------------|--|------|--|
| Died at <i>Woodland</i> ^{Town} | | <i>Salbot</i> ^{County} | | | |
| Date of death 190 <i>3</i> ^{Month} <i>April</i> ^{Day} <i>29</i> | Age <i>42</i> ^{Years} | | Months | Days | |
| Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Salbot Co.</i> | | | |
| Married, Single or Widowed <i>Married</i> | Occupation <i>Mining Engineer</i> | | | | |
| Name of Wife or Husband <i>Anna M. Arringdale</i> | | | | | |
| Father's Name <i>Richard Arringdale</i> | | | Father's Birthplace <i>Salbot Co</i> | | |
| Mother's Maiden Name <i>Margaret A. Ryan</i> | | | Mother's Birthplace <i>Armed Frindel Co.</i> | | |
| Name of person giving information <i>Jas. H. Covington</i> | | | How related to deceased <i>Step father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Acute Peritonitis</i> <i>116</i> | How long <i>36 hours</i> |
| Immediate <i>Intestinal Gangrene</i> | How long <i>24 "</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>They are</i> | Signature of Physician <i>Chas H. Rose</i> |
| | Address <i>Cordova,</i> |
| Accident or Suicide? | |



Name In Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Verbena B. Bowdle

Town Easton

County Talbot

MARYLAND

| | | | | | | |
|--------|---------|---------|---------|---------------------------|-----------|--------------------|
| Month | Day | Y. | M. | D. | Native of | Occupation |
| 03 | Apr. | 18 | 19 | 10 | - 0 | U.S. & Shirt-maker |
| Male | White | Married | Widow | Divorced | None | |
| Female | Colored | Single | Widower | Number of children living | | |

of

| | |
|------------------|----------------------|
| Father's Name | Mother's Maiden Name |
| Stansbury Bowdle | Annie Nichols |

| | | | |
|-----------|------------------------------|---------------|-----------------------------|
| Primary | Acute Gastritis with Colitis | How long sick | 6 wks |
| Immediate | Exhaustion | 106 | Accident, Suicide, Homicide |

Reported by Chas. J. Davidson

Address Easton, Md.



Name
in
Full

Thos. E. Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------|--------------------|----------------------------------|-----------------|--------|----------|--|
| Died at <i>S. Michaels</i> | | Town <i>Tallot</i> | | County | | MARYLAND | |
| Date of death 1903 | Month <i>April</i> | Day <i>10</i> | Age | Years <i>57</i> | Months | Days | |
| Sex <i>Male</i> | Color or Race <i>white</i> | | Birthplace <i>S. Michaels Md</i> | | | | |
| Married, Single or Widowed <i>Married</i> | | | Occupation <i>Merchant</i> | | | | |
| Name of Wife or Husband <i>Lydia</i> | | | | | | | |
| Father's Name <i>Mr. Burns</i> | | | Father's Birthplace | | | | |
| Mother's Maiden Name <i>Fatima</i> | | | Mother's Birthplace | | | | |
| Name of person giving information | | | How related to deceased | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|----------------------------------|---|-------------------|
| Primary | <i>Bilious Typhoid</i> | How long | <i>3 weeks</i> |
| Immediate | <i>Intensified Kidney action</i> | How long | <i>Eight days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>R. A. Rodgson</i> | |
| | | Address <i>S. Michaels Md.</i> | |
| Accident or Suicide? | | | |

1



Name In Full

Certificate of Death

Ida Francis Conway
 Town County

Died at Oxford Salisbury MARYLAND

Date 1903 April 17th Age 11 Native of Md Occupation None
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living —

Husband of
 Wife

Father's Name Samuel Conway Mother's Name Marcella Washfield
 Maiden Name

Cause of Death Primary Typhoid Fever How long sick Ten days
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by J. A. Stevens

Address V [Redacted] Oxford

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75993



| Name in Full | | Elizabeth Covey | | | | CERTIFICATE OF DEATH | |
|---|--|------------------------|-----------|--|-------------------------|----------------------|--------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died near | own Zucceville | County | Talbot | | MARYLAND | |
| | Date of death 1903 | Month 4 | Day 24 | Age 46 | Years | Months 7 | Days 13 |
| | Sex | Female | | Color or Race | White | | Birth-place Talbot Co |
| | Married, Single or Widowed | Married. | | Occupation | Housewife. | | |
| | Name of Wife Husband | Asa Covey - | | | | | |
| | Father's Name | Garrison Blades | | | | Father's Birthplace | Caroline Co Md |
| | Mother's Maiden Name | Margaret Ann Walker | | | | Mother's Birthplace | " " " |
| Name of person giving information | Asa Covey - | | | | How related to deceased | Husband | |
| <div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Carcinoma of Breast 43 | | | | How long | 18 months. |
| | Immediate | Exhaustion | | | | How long | — |
| | Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | | |
| | Yes | | | | Address | | |
| | | | | Joseph A Ross, M.D. Trappe, Talbot Co, Md | | | |
| Accident or Suicide? | | | | | | | |



Mary D. Coney

Town

County

Tallot-

MARYLAND

Died at

Easton

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

4-21

Age 72-6-10

U.S.A

H. Wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

~~Husband~~

of

Henry A. Coney

Wife

Father's

Name

Thomas Edger

Mother's

Maiden Name

Sarah — ?

Cause of

Primary

Bright-Disease 70

How long sick

2 Mos

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Chas. F. Davidson

Address

Easton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Prill De Shields

Died at ^{Town} *Mill Run* ^{County} *Latimer* *MARYLAND*

Date 19 *03* ^{Month} *April* ^{Day} *11th* Age *26.* ^{Y.} *26.* ^{M.} *26.* ^{D.} *26.* ^{Native of} *W.D.* ^{Occupation} *Housewife*

~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Widow} ~~Divorced~~ ^{Widower} Number of children living *2*

Wife of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

18 months~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75698



Name
in
Full

Dwight Bell Johnson

CERTIFICATE OF DEATH

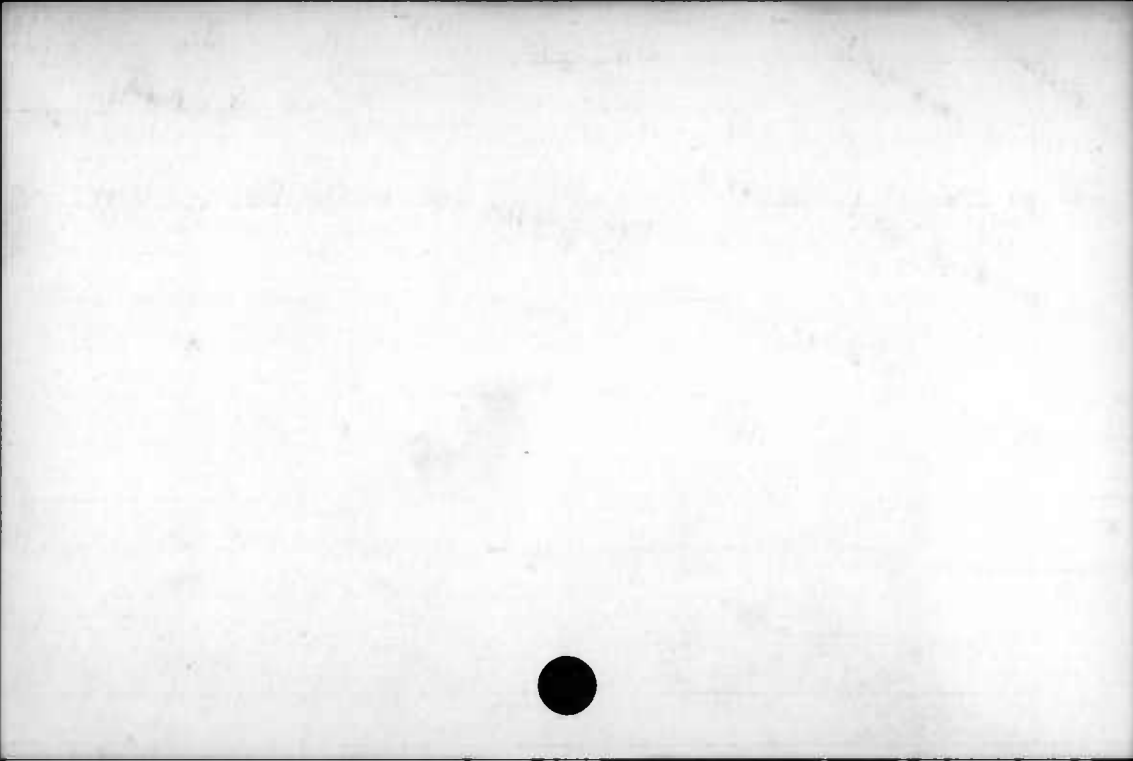
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-----------------|------------------------|-------|-------------------------|-----------|
| Died at <u>Euston</u> Town | | <u>Tulhatch</u> County | | MARYLAND | |
| Date of death 190 | 3 | Month | April | Day | 9 |
| Age | 1 | Years | | Months | 8 |
| | | | | Days | 5 |
| Sex | Female | Color or Race | Black | Birth-place | Euston Md |
| Married, Single or Widowed | Single | Occupation | clean | | |
| Name of Wife or Husband | | | | | |
| Father's Name | Geo. H. Johnson | | | Father's Birthplace | Md |
| Mother's Maiden Name | Mary H. Pinkell | | | Mother's Birthplace | Md |
| Name of person giving information | G. H. Johnson | | | How related to deceased | Father |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------------|------------------------|-------------------|
| Primary | Pneumonia | How long | 2 weeks |
| Immediate | Heart Failure | How long | 5 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>John Shear</i> |
| | | Address | Euston |
| Accident or Suicide? | | | |



Name
in
Full

Geo W Green

CERTIFICATE OF DEATH

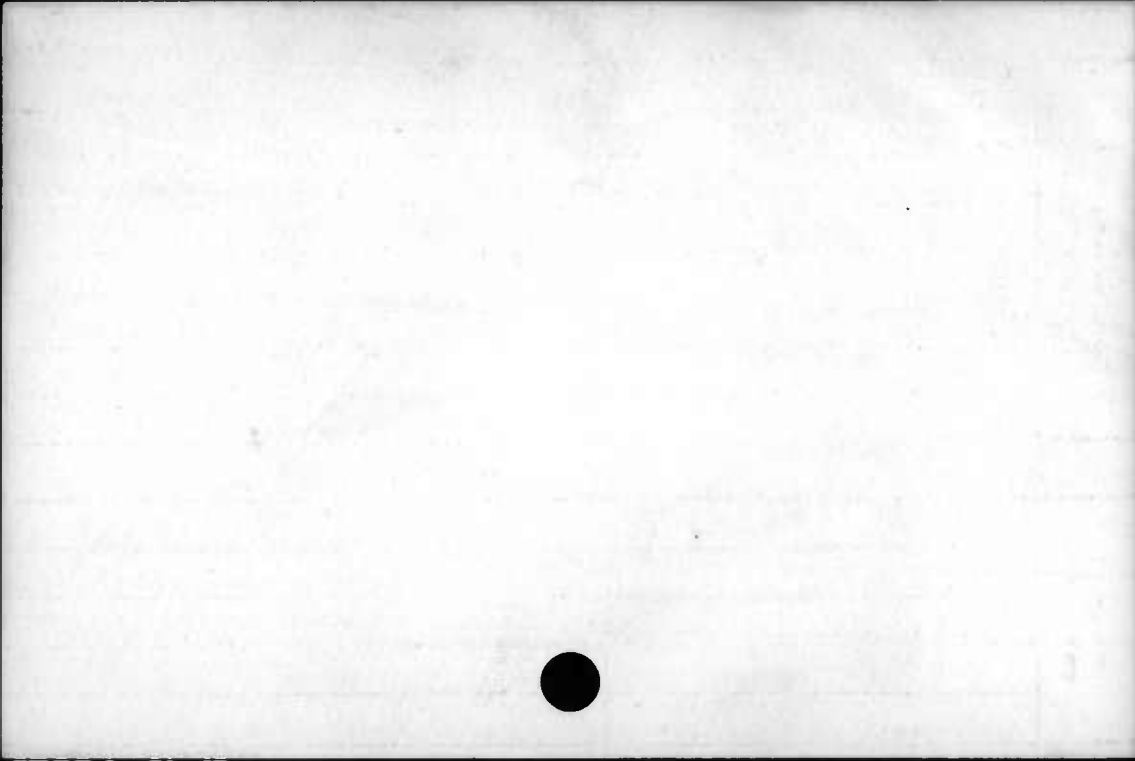
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--------------------------|-------------------------------|--|----------------|-----------------|
| Died at <i>Belvue</i> Town | | County <i>Talbot</i> | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>Nov</i> | Day <i>20</i> | Age <i>43</i> | Years <i>—</i> | Months <i>—</i> |
| Sex <i>male</i> | Color or Race <i>col</i> | Birth-place <i>Deep Creek</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>Oysterman</i> | | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>James T Green</i> | | | Father's Birthplace <i>St Michaels</i> | | |
| Mother's Maiden Name <i>Lerah Williams</i> | | | Mother's Birthplace <i>Deep Creek</i> | | |
| Name of person giving information <i>James T Green</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Apoplexy</i> | How long <i>5 days</i> |
| Immediate <i>low</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Samuel B. Trippe</i> |
| | Address <i>Royal Oak, Md</i> |
| Accident or Suicide? | |



Mary Hadelaway

Town

County

MARYLAND

Died at

Oxford

Month

Day

Y.

M.

D.

Salbot

Native of

Occupation

Data 19

03

April

26

Age

Md.

Housekeeper

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Alfred Hadelaway

Father's

Mother's

Name

John Croswell

Maiden Name

Mary Potts

Cause of

Primary

La Grippe

How long sick

Eleven days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. A. Stevens

Address

Oxford

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John C. Hamilton
 Died at Oxford Talbot MARYLAND
 Date 1913 Apr 18 Age 61 Y. M. D. 7.9. Md. Occupation Engineer
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3

Husband of Susan A. Hamilton - Page
 Wife
 Father's Name Wm. Hamilton Mother's Maiden Name Rebecca Russ
 Cause of Death Primary Paralysis Immediate Exhaustion
 How long sick Eight years
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ann's Augustus Harris

CERTIFICATE OF DEATH

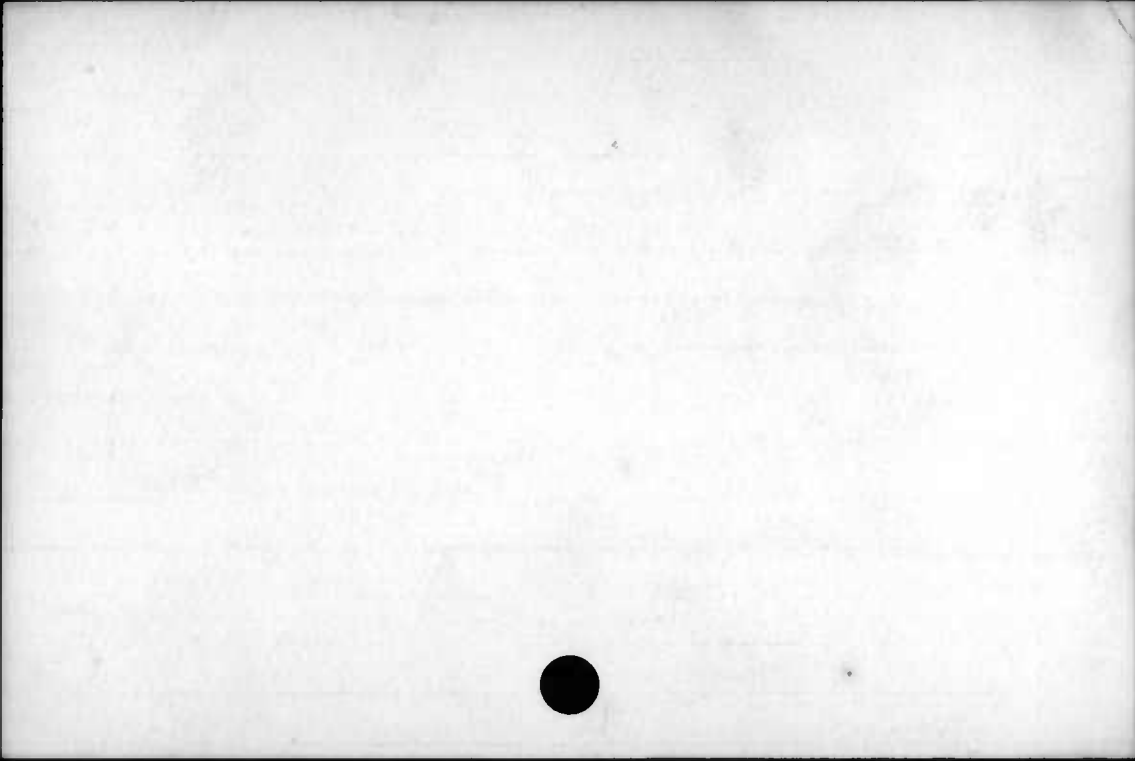
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------------|---------------------------------|---|----------|------|
| Died at <u>Eastern</u> ^{Town} | | <u>Talbot</u> ^{County} | | MARYLAND | |
| Date of death 190 <u>3</u> | Month <u>April</u> | Day <u>17</u> | Age <u>43</u> | Months | Days |
| Sex <u>Female</u> | Color or Race <u>Black</u> | | Birth- place <u>Talbot Co., Md</u> | | |
| Married, Single or Widowed <u>Married</u> | | | Occupation <u>Housewife</u> | | |
| Name of Wife or Husband <u>Samuel Harris</u> | | | | | |
| Father's Name <u>Arthur Webb</u> | | | Father's Birthplace <u>Talbot Co., Md</u> | | |
| Mother's Maiden Name <u>Mary Ann Hule</u> | | | Mother's Birthplace <u>Md</u> | | |
| Name of person giving In formation <u>Edmund Wilkins</u> | | | How related to deceased <u>Nephew</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>Congestion of Brain</u> | How long <u>48 hours</u> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>[Signature]</u> |
| | Address <u>Eastern Md</u> |
| Accident or Suicide? | |



Name in Full

Certificate of Death

Isaac Hines

Died at ^{Town} Easton ^{County} Talbot MARYLAND

Date 19 ^{Month} 03 ^{Day} April ^{Y.} 16 ^{M.} ^{D.} Age 53 ^{Native of} Md ^{Occupation} Laborer

Male ~~Female~~ Married ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living 2

Husband of Isaac Hines

Father's Name Arthur Hines Mother's Name Julia Ann Thomas

Maiden Name

Cause of Death { Primary ~~Bright's Disease~~ Immediate ~~Dropy~~ 120 } How long sick 1 year

~~Acute, Bright's, Hemiplegia~~

Reported by Julius A. Hines

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|---------------------------|-----------------------|------------------|-------------------------|----------------------------|------------------|------------------|
| Died at | | Town <i>Barker</i> | | County <i>Talbot</i> | | MARYLAND | |
| Date of death 190 | 3 | Month 4 | Day 6 | Age 23 | Years 23 | Months 1 | Days 2 |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | | Birth- place | <i>Talbot Co</i> |
| Married, Single or Widowed | <i>Single</i> | | | Occupation | <i>Farm. Laborer</i> | | |
| Name of Wife or Husband <i>_____</i> | | | | | | | |
| Father's Name | <i>Robert Horney</i> | | | | Father's Birthplace | <i>Talbot Co</i> | |
| Mother's Maiden Name | <i>Henrietta Bartlett</i> | | | | Mother's Birthplace | <i>" "</i> | |
| Name of person giving in formation | <i>Robert Horney</i> | | | | How related to deceased | <i>Father</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|------------------|---------------------------|---------------------------------|
| Primary | <i>Pleuritis</i> | How long | <i>2 weeks</i> |
| Immediate | <i>Empyema</i> | How long | <i>3 months</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>Joseph A. Ross, M.D.</i> |
| | | Address | <i>Frederick, Talbot Co, Md</i> |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

Mary Jackson

MARYLAND

Died at Miles River

Talbot County

Date of death 1903 April

Day 5

Age 74 Years

Months 6

Days 20

Sex Female

Color or Race

White

Birth-place

Talbot Co., N. York

Married, Single or Widowed

Single

Occupation

Housewife

Name of Wife or Husband

Father's Name

Thomas Jackson

Father's Birthplace

New York State

Mother's Maiden Name

Clarissa Wells Jackson

Mother's Birthplace

Name of person giving information

Frank J. Suhn

How related to deceased

Brother-in-Law

CAUSES OF DEATH

Primary Heart Failure

15 79

How long

24 hrs

Immediate Primary - Dropsy - Antic Heart Dis

How long

1 yr

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm. J. Sherwin
Creston, Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Covae Lawrence

CERTIFICATE OF DEATH

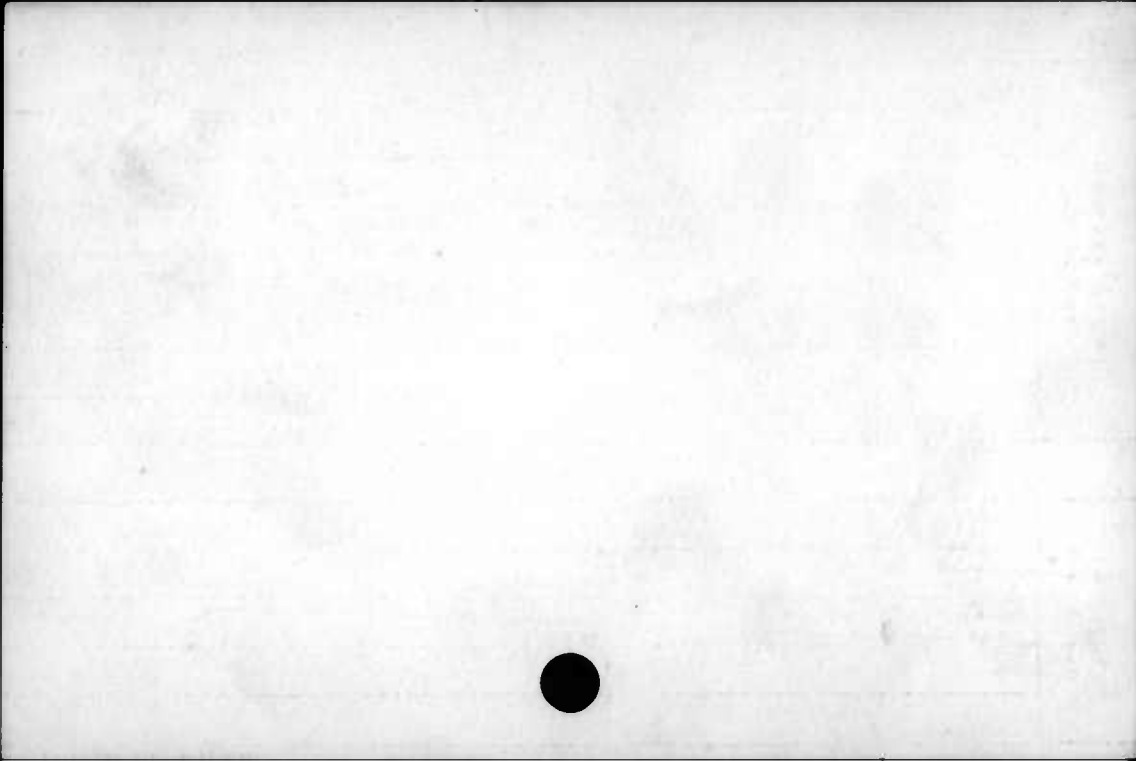
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|------------------------------|----------------------------|--------------------------------|--|-----------------|---------------|--|
| Died at <i>Royal Oak</i> | | Town <i>Talbot</i> | | County | | MARYLAND | |
| Date of death 190 <i>5</i> | Month <i>Apr</i> | Day <i>Stur</i> | Age <i>30</i> | Years | Months <i>1</i> | Days <i>5</i> | |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | | Birth-place <i>St Michaels</i> | | | | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>Domestic</i> | | | | | |
| Name of Wife or Husband <i>Gustavus Lawrence</i> | | | | | | | |
| Father's Name <i>Henry Demsey</i> | | | | Father's Birthplace <i>—</i> | | | |
| Mother's Maiden Name <i>Roda</i> | | | | Mother's Birthplace <i>—</i> | | | |
| Name of person giving information <i>Gustavus Lawrence</i> | | | | How related to deceased <i>Husband</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Hepatic Abscess - following Grip</i> | How long <i>4 weeks</i> |
| Immediate <i>Aschemia</i> | How long <i>114</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Samuel B. Tripp</i> |
| | Address <i>Royal Oak, Md</i> |
| Accident or Suicide? <i>—</i> | |



Name
in
Full

Charles Mushaw.

CERTIFICATE OF DEATH

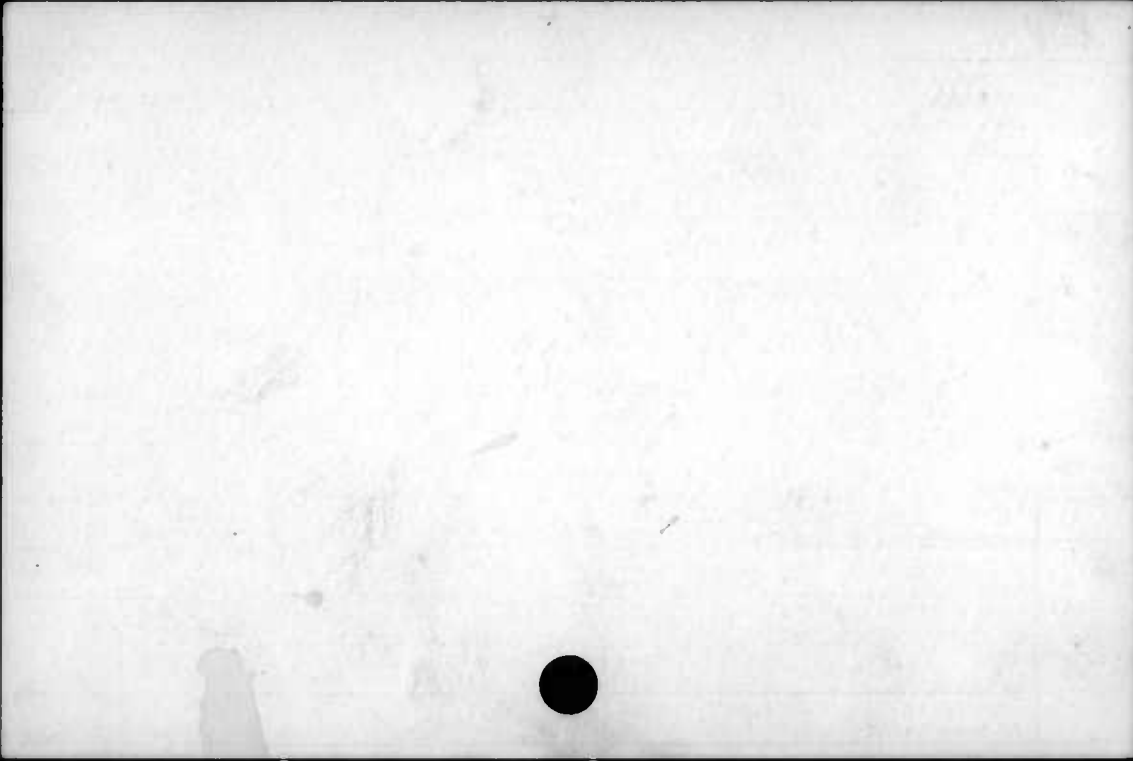
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|----------------------|--|-----------------|---------------|
| Died near <i>Trepper</i> | | County <i>Talbot</i> | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>4</i> | Day <i>20</i> | Age <i>—</i> | Months <i>1</i> | Days <i>2</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Talbot Co</i> | | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>—</i> | | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Thomas. Mushaw.</i> | | | Father's Birthplace <i>Hungary.</i> | | |
| Mother's Maiden Name <i>Jessie. Whitely</i> | | | Mother's Birthplace <i>Talbot Co</i> | | |
| Name of person giving information <i>Thomas Mushaw.</i> | | | How related to deceased <i>Father.</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---|-------------------------|
| Primary <i>Thrush</i> | How long <i>100</i> | How long <i>2 weeks</i> |
| Immediate <i>Malnutrition</i> | How long <i>—</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Joseph A. Ross M.D.</i> | |
| | Address <i>Trepper Talbot Co, Md.</i> | |
| Accident or Suicide? | | |



Name
in
Full

Martha C Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|-----------------|-------------------|--------------------------|------------------|-------|----------------------------|----------|
| Died at | | Town McDonnell | | County Talbot | | MARYLAND | |
| Date of death 190 | 3 | Month April | Day 26 | Age 70 | Years | Months 7 | Days |
| Sex | Female | | Color or Race | White | | Birth- place | New York |
| Married, Single or Widowed | Married | | Occupation house wife | | | | |
| Name of Husband | Jacob H. Porter | | | | | | |
| Father's Name | Joshua Balkins | | | | | Father's Birthplace | Canada |
| Mother's Maiden Name | Jezuska Brynne | | | | | Mother's Birthplace | New York |
| Name of person giving information | J. W. Porter | | | | | How related to deceased | Husband |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|---|-------------------|-----|--|----------|
| Primary | Chronic nephritis | | How long | 20 years |
| Immediate | Embolism | | How long | few days |
| Are the name, age, sex, color, date and place correctly given above? | | yes | Signature of Physician A. B. Blasecock | |
| | | | Address St. Michael's Md | |
| Accident or Suicide? | | — | | |



Perry, William Rakes

MARYLAND

Died at

Town

Trappe

County

Talbot

Date 1903

Month Day

4 3

Y. M. D.

Age 68 1 0

Native of

Talbot.

Occupation

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

11

Husband

of

Elizabeth News.

Father's

Name

Peter Rakes.

Mother's

Maiden Name

Rachel Delihay

Cause of

Primary

Typhoid Fever & Pleurisy

How long sick

3 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Joseph A. Rose, Jr.

Address

Trappe Talbot Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

